

01/15/02  
JC092 U.S. PTO

Express Mail No. EV054675227US  
Practitioner's Docket No. 1021-010

1-17-02  
A  
PATENT  
JC092 U.S. PTO  
10/047704  
01/15/02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent Application  
Commissioner for Patents  
Washington, D.C. 20231

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Arthur Howard Goldiner

For (title): HAND EXERCISE DEVICE

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) AND 1.10\*  
(When using Express Mail, the Express Mail label number is **mandatory**;  
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I hereby certify that, on the date shown below, this correspondence is being:

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37 C.F.R. Section 1.8(a) 37 C.F.R. Section 1.10\*

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Date: 01-15-02

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Roni L. Masquelier  
RONI L. MASQUELIER  
(type or print name of person certifying)

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(New Application Transmittal--page 1)

**1. Type of Application**

This transmittal is for an original (nonprovisional) application.

**2. Papers Enclosed**

**A.** Required for filing date under 37 C.F.R. 1.53(b) (Regular) or 37 C.F.R. 1.153 (Design) Application

8 Page(s) of Specification

4 Page(s) of Claims

5 Sheet(s) of Drawing(s)--Informal

**B.** Other Papers Enclosed

3 Page(s) of declaration and power of attorney

1 Page(s) of abstract

**3. Declaration or Oath**

Enclosed

Unexecuted by:

\* inventor.

**4. Inventorship Statement**

The inventorship for all the claims in this application is the same.

**5. Language**

English

6. **Fee Calculation (37 C.F.R. Section 1.16)**

Regular Application

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 CFR 1.16(a) \$710.00
Total Claims (37 CFR 1.16(c))	21	- 20 =	1 x	\$9.00	\$9.00
Independent Claims (37 CFR 1.16(b))	6	- 3 =	3 x	\$42.00	\$126.00
Multiple Dependent Claim(s), if any (37 CFR 1.16(d))			+	\$270.00	\$0.00

Filing Fee Calculation \$135.00

7. **Fee Payment Being Made at This Time**

Enclosed  
Filing Fee \$370.00

**Total Fees Enclosed \$505.00**

8. **Method of Payment of Fees**

Check in the amount of \$505.00 Method of Payment Check is attached.

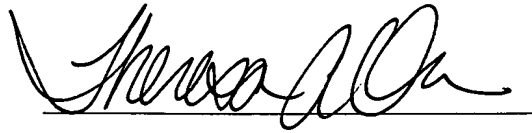
**9. Authorization to Charge Additional Fees**

The Commissioner is hereby authorized to charge the following additional fees by this paper and during the entire pendency of this application to Account No. 50-1097.

**10. Instructions as to Overpayment**

Credit Account No. 50-1097.

Date: 1/15/02



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